

Application No.	Applicant(s)		
09/023,232	MONOSOV ET AL.		
Examiner	Art Unit		
Anne Marie S. Wehbe	1632		

Interview Summary	Interview Summary 09/023,232 MONOSOV	MONOSOV ET A	AL.
interview Summary	Examiner	Art Unit	
	Anne Marie S. Wehbe	1632	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) Anne Marie S. Wehbe.	(3) Robert Hoff	man	
(2) Rate Murashise	(4)	,	
Date of Interview: 11/.7/03			
	2) applicant's representative	e]	
Exhibit shown or demonstration conducted: d) X Yes If Yes, brief description: Rollography Claim(s) discussed: 1-18, 6-21, 2-7, 21, 30-37,	e)		
Claim(s) discussed: 1-18, 6-25, 2-7, 21, 30-37,	42-49, 54-61		
Identification of prior art discussed: McLenev , Kyni	a, s, wany, obo.		
Agreement with respect to the claims f) was reached.	y) was not reached. h) □ N	I/A.	
Substance of Interview including description of the general reached, or any other comments:	nature of what was agreed to	if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w	reed would render rould render the o	er the claims claims
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WICHEVER IS LATER, TO FILE A STATEMENT O Summary of Record of Interview requirements on reverse signal.	last Office action has already THE MAILING DATE OF THIS F THE SUBSTANCE OF THE ide or on attached sheet.	been filed, APPI S INTERVIEW S INTERVIEW. S	LICANT IS UMMARY ee
The applicant presented a detail	led background of	tanasion	Compain Latica
recach dietions in orthrepic The applicant purities provided pape	w comonstates	cen som	anne
	INCLUDED IN PRO		
11.184811111111111111111111111111111111	The state of the s	~ · ·	- 11
which He fact that oppround's me	del dossin lad g	negale a	as
I metaslasis todrellects tral of the unetter und on even one metas regitalate to entire patern chs	tasis and one not	anted	LO
wither was or entire aftern chs	rewed in human	<i>'</i> .'	
regional to the same	N 1	Illeo	
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's signa	<u> </u>	